

DO NOT WRITE IN THIS SPACE

NO.	EH.	P.	IGA.	SDOH
-----	-----	----	------	------

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED.

1. MR./MS./DR. SURNAME

2. _____
FIRST NAME MIDDLE NAME

3. DATE OF BIRTH: MONTH DAY YEAR PLACE OF BIRTH (CITY AND COUNTRY)

4. NATIONALITY OR LAST LEGAL PERMANENT RESIDENCE AS SHOWN ON LAP-66 FORM

5. I AM REQUESTING A RECOMMENDATION FOR A WAIVER BASED ON (CIRCLE ONE):

EXCEPTIONAL HARDSHIP	PERSECUTION	INTERESTED GOV'T AGENCY
NO OBJECTION STATEMENT	STATE HEALTH AGENCY REQUEST	

6. DATE AND PLACE OF FIRST ENTRANCE TO U.S. ON ORIGINAL EXCHANGE VISITOR (J-1) VISA:

7. PRESENT ADDRESS: MONTH DAY YEAR

PORT OF ENTRY
HOME PHONE: () _____
BUSINESS PHONE: () _____
FAX NUMBER: () _____
E-MAIL: _____

8. LAST U.S. ADDRESS (IF NOT CURRENTLY LIVING IN U.S.)

9. INS ALIEN REGISTRATION NUMBER: A ____ - ____ - ____

(IF UNKNOWN, WRITE "UNKNOWN")

10. DOES THIS APPLICATION INCLUDE J-2 DEPENDENTS? YES / NO
(IF YES, PLEASE LIST THEIR FULL NAMES ON A SEPARATE SHEET OF PAPER.)
IF YOUR SPOUSE IS IN J-1 STATUS, HE/SHE MUST APPLY SEPARATELY FOR A WAIVER.

11. I AM REPRESENTED BY THE FOLLOWING ATTORNEY OR ORGANIZATION AND WANT ALL CORRESPONDENCE SENT TO THE FOLLOWING ADDRESS:

NAME OF ATTORNEY OR ORGANIZATION: _____

ADDRESS: _____

IF AN ATTORNEY, PLEASE SIGN HERE: _____

12. LIST ALL EXCHANGE VISITOR PROGRAMS IN WHICH YOU PARTICIPATED BEGINNING WITH THE FIRST PROGRAM.

<i>PROGRAM NUMBER</i>	<i>FIELD CODE NUMBER</i>	<i>FIELD/SPECIALIZATION</i>
-----------------------	--------------------------	-----------------------------

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

1. GIVE AN EXPLANATION FOR ANY PERIOD OF TIME IN THE U.S. NOT COVERED BY YOUR LAP-66 FORMS.

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

2. DID YOUR EXCHANGE VISITOR PROGRAM INCLUDE U.S. GOVERNMENT FUNDS, FUNDS FROM YOUR OWN GOVERNMENT, OR FUNDS FROM AN INTERNATIONAL ORGANIZATION? YES / NO
(IF YES, PLEASE ATTACH FULL PARTICULARS CONCERNING THE FUNDING ON A SEPARATE SHEET OF PAPER.).

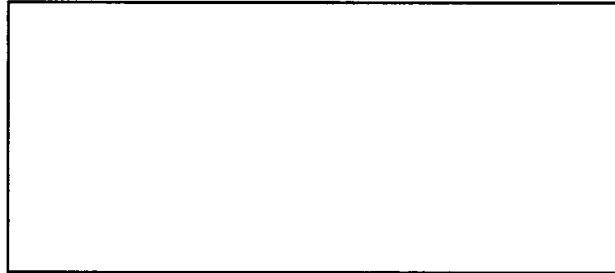
SIGNATURE

DATE _____

APPLICATION INSTRUCTIONS

ATTACHMENTS

1. PLEASE ATTACH COPIES OF ALL IAP-66 FORMS
2. GIVE THE REASONS FOR NOT WISHING TO FULFILL THE TWO-YEAR HOME RESIDENCE REQUIREMENT TO WHICH YOU AGREED TO AT THE TIME YOU ACCEPTED EXCHANGE VISITOR STATUS



PLEASE **PRINT** IN **UPPERCASE** LETTERS IN THE BOX ABOVE THE NAME AND ADDRESS TO WHICH YOU WANT ALL COREESPONDENCE ABOUT YOUR WAIVER APPLICATION TO BE SENT. THIS IS THE ADDRESS WE WILL USE TO MAIL YOU A COPY OF OUR RECOMMENDATION REGARDING YOUR WAIVER APPLICATION. YOU MUST INCLUDE TWO SELF-ADDRESSED STAMPED ENVELOPES WITH YOUR APPLICATION.

FEE INFORMATION

PLEASE SEND YOUR APPLICATION, SUPPORTING DOCUMENTS, AND FEE PAYMENT TO:
DEPARTMENT OF STATE

P.O. BOX
ST. LOUIS, MO

THE APPLICATION FEE IS \$136 PER J-1 APPLICANT. PLEASE SEND A CASHIER'S CHECK OR MONEY ORDER IN U.S. CURRENCY DRAWN ON A U.S. BANK, MADE PAYABLE TO **THE DEPARTMENT OF STATE**. INCLUDE YOUR NAME, DATE AND PLACE OF BIRTH ON WHATEVER FORM OF PAYMENT YOU SUBMIT.

DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON.

WE WILL CONTACT YOU REGARDING THE NEXT STEP IN PROCESSING YOUR APPLICATION. YOU SHOULD RECEIVE A REPLY AND INFORMATION PACKAGE WITHIN 6 WEEKS OF SUBMITTING YOUR DATA SHEET AND FEE.

DO NOT CALL TO VERIFY THAT THE APPLICATION HAS ARRIVED.